

County: Monroe  
ROLLING HILLS REHAB CENTER

Facility ID: 7750

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14345 COUNTY HIGHWAY B

SPARTA 54656 Phone: (608) 269-8800

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 124

Total Licensed Bed Capacity (12/31/00): 128

Number of Residents on 12/31/00: 110

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

County

Skilled

No

Yes

114

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	27.3
Supp. Home Care-Personal Care	No					1 - 4 Years	35.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.3	More Than 4 Years	37.3
Day Services	No	Mental Illness (Org./Psy)	46.4	65 - 74	14.5		
Respite Care	Yes	Mental Illness (Other)	3.6	75 - 84	39.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.5	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	3.6	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	3.6			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/00)	
Other Meals	Yes	Cardiovascular	6.4	65 & Over	92.7		
Transportation	No	Cerebrovascular	10.0			RNs	10.3
Referral Service	No	Diabetes	0.9	Sex	%	LPNs	9.5
Other Services	Yes	Respiratory	11.8			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	12.7	Male	38.2	Aides & Orderlies	
Mentally Ill	No			Female	61.8		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	12	100.0	\$240.87	64	88.9	\$98.51	1	100.0	\$113.00	25	100.0	\$114.00	0	0.0	\$0.00	102	92.7%
Intermediate	---	---	---	8	11.1	\$81.76	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	8	7.3%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	12	100.0		72	100.0		1	100.0		25	100.0		0	0.0		110	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	5.1	Bathing	9.1	56.4	34.5	110
Private Home/With Home Health	2.6	Dressing	11.8	60.9	27.3	110
Other Nursing Homes	3.8	Transferring	20.9	53.6	25.5	110
Acute Care Hospitals	85.9	Toilet Use	17.3	54.5	28.2	110
Psych. Hosp. -MR/DD Facilities	0.0	Eating	51.8	30.9	17.3	110
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.6	Continence				
Total Number of Admissions	78	Indwelling Or External Catheter	5.5	Special Treatments		%
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	51.8	Receiving Respiratory Care		16.4
Private Home/No Home Health	14.5	Occ/Freq. Incontinent of Bowel	34.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	26.5			Receiving Suctioning		0.0
Other Nursing Homes	4.8	Mobility		Receiving Ostomy Care		2.7
Acute Care Hospitals	7.2	Physically Restrained	12.7	Receiving Tube Feeding		0.9
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets		46.4
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	1.2	With Pressure Sores	4.5	Have Advance Directives		82.7
Deaths	45.8	With Rashes	8.2	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		62.7
(Including Deaths)	83			*****		

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility		Ownership: Government		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	Peer Group Ratio	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.1	87.0	1.02	82.6	1.08	84.1	1.06	84.5	1.05	
Current Residents from In-County	76.4	75.8	1.01	79.7	0.96	76.2	1.00	77.5	0.99	
Admissions from In-County, Still Residing	29.5	28.9	1.02	22.3	1.32	22.2	1.33	21.5	1.37	
Admissions/Average Daily Census	68.4	81.9	0.84	126.4	0.54	112.3	0.61	124.3	0.55	
Discharges/Average Daily Census	72.8	83.2	0.88	127.9	0.57	112.8	0.65	126.1	0.58	
Discharges To Private Residence/Average Daily Census	29.8	32.1	0.93	52.7	0.57	44.1	0.68	49.9	0.60	
Residents Receiving Skilled Care	92.7	88.8	1.04	89.2	1.04	89.6	1.04	83.3	1.11	
Residents Aged 65 and Older	92.7	89.7	1.03	95.1	0.97	94.3	0.98	87.7	1.06	
Title 19 (Medicaid) Funded Residents	65.5	69.4	0.94	70.7	0.93	70.1	0.93	69.0	0.95	
Private Pay Funded Residents	22.7	20.1	1.13	19.5	1.17	21.4	1.06	22.6	1.01	
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	0.9	0.00	7.6	0.00	
Mentally Ill Residents	50.0	47.5	1.05	36.3	1.38	39.6	1.26	33.3	1.50	
General Medical Service Residents	12.7	15.2	0.84	19.1	0.67	17.0	0.75	18.4	0.69	
Impaired ADL (Mean)	52.4	50.7	1.03	48.4	1.08	48.2	1.09	49.4	1.06	
Psychological Problems	62.7	58.0	1.08	49.3	1.27	50.8	1.23	50.1	1.25	
Nursing Care Required (Mean)	9.9	6.9	1.43	6.5	1.51	6.7	1.47	7.2	1.38	